

SUMMARY OF PERFORMANCE EXIT REPORT

Student information	Date Completed _____
Student: _____ Date of birth: _____ Year of graduation/Exit _____	
Primary disability: _____ Secondary disabilities: _____ / _____	
Permanent Address: _____	
Permanent Phone: _____	
Primary Language: _____	

Student's post secondary goals:
Employment: I will: _____
Education: I will: _____
Post Secondary/ Training: I will: _____
Independent living: I will: _____

Summary of Performance: Complete all that are relevant to the student. If an area is not of concern, check the NA box.

PERFORMANCE AREA	Not Applicable	Strength	Challenge	Present level of performance (grade level, standard scores/date, strength, needs)	Essential accommodations and/ or assistive technology utilized in high school
COGNITIVE PERFORMANCE	NA	<input type="checkbox"/>	<input type="checkbox"/>		
Academic Performance:					
Reading	NA	<input type="checkbox"/>	<input type="checkbox"/>		
Math	NA	<input type="checkbox"/>	<input type="checkbox"/>		
Written Language	NA	<input type="checkbox"/>	<input type="checkbox"/>		
Other: (note taking, time management, study skills, learning style etc.)	NA	<input type="checkbox"/>	<input type="checkbox"/>		

FUNCTIONAL AREAS	Not Applicable	Strength	Challenge	Present level of performance (strengths and needs)	<u>Essential</u> accommodations, and/or assistive technology utilized in high school
Community Employment	NA	<input type="checkbox"/>	<input type="checkbox"/>		
Post Secondary Education/ Training	NA	<input type="checkbox"/>	<input type="checkbox"/>		
Independent Living Skills	NA	<input type="checkbox"/>	<input type="checkbox"/>		
Communication	NA	<input type="checkbox"/>	<input type="checkbox"/>		
Other important considerations to assist in making decisions about disability determination and needed accommodations (i.e. general ability in problem solving, self-determination/ self-advocacy skills, social skills, environmental access/ mobility)					
	NA	<input type="checkbox"/>	<input type="checkbox"/>		

To obtain a copy of transcripts, contact the school guidance office at:

To obtain a copy of Special Education documentation, contact the office of Special Education at:

STUDENT PERSPECTIVE

A. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on task, mobility, extra-curricular activities)

B. In the past, what supports have been tried by teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, other services)?

C. Which of these accommodations and support has worked best for you?

D. Which of these accommodations and supports have not worked?

E. What strengths and needs should professionals know about you as you enter the postsecondary education or work environment?

(Sample Letter to Accompany Summary of Performance)

TO: (My Postsecondary Service Provider)

FROM: (Student's Name)

DATE: (Date letter is written and sent)

SUBJECT: My Public School Summary of Performance Report

Attached you will find my public school Summary of Performance (SOP). I developed this summary with help from my parents, teachers, and other service providers. It contains the following sections:

1. My post-secondary goals after leaving high school.
2. Information about my disability, supports that work best for me, and accommodations that may be addressed in post-school settings.
3. Information about my high school academic achievement and functional performance.

Each section contains information that is important for my success. Please review the information carefully. I will be happy to schedule a time to visit with you about any of the information in my Summary of Performance.

Thank you for your time.

Sincerely,

(Student Name)
Street Address
City, State, Zip
Phone number
e-mail address